

621 The particular form which the Indian
175 communities took among the Tarascans
may have been influenced by Vasco de
Quiroga, Bishop of Michoacan from 1538 to
1565, who seems to have followed in part
the ideas of Thomas More's *Utopia*.¹⁶ He

● [743] tried to organize every Indian town around
a so-called hospital. These were not only
to take care of the sick but to organize the
whole economic, social and religious life of
the community. In Quiroga's ordinances,
hospital is really the same thing as Indian
community. Members of the hospital held

[423] all land in common. Every member was
assigned a plot for his own use and also
worked in the communal lands, the pro-
duce equally distributed among the com-
moners or devoted to the support of the
needy (widows, orphans, the sick and in-
capacitated). Surplus produce was sold
and the amount thus earned kept in a box
under the care of three officers of the hos-
pital who rendered an account every year.
The heads of families democratically elect-
ed the officers of the hospital. Every hos-
pital had as its patron the Virgin of the

[794] Conception, and a sodality (*cofradía*) with
funds of its own attended to her cult. Many
other religious activities were also organ-
ized by the hospital. Bishop Quiroga has
[438] also been credited with the introduction of
new handicrafts in different towns, each
specializing in a different activity.¹⁷ The
extent to which Bishop Quiroga succeeded
in putting his ordinances into practice and
the outcome of the hospitales deserve care-
ful investigation.

Quiroga was not the only one to establish
hospitales in Indian towns. Both Francis-
can and Augustinian Friars founded a num-
ber of them, although Michoacan was the
region of New Spain where they were of
greater extent and importance. The first
hospitales in Michoacan have been attrib-
uted to a Franciscan, Juan de San Miguel,
and the primacy of Quiroga has been dis-
puted.¹⁸ The greater functions of the hos-
pitales in organizing the whole life of the
village seem to be peculiar to Quiroga's
plans and this is the subject which requires
more investigation. The basic traits of
Quiroga's hospitales, however, are the
same as those of other Indian villages in
the rest of colonial Mexico: communal
ownership of land; town specialization in
trades; more or less democratic organiza-
tion of the town government and cult; and

16. Zavala, 1937.

17. Zavala, 1937; León, 1908, 301-2, who quotes Moreno,
a biographer of Quiroga.

18. Ricard, 1933, 188-194.

175 the close interrelation of civil and religious
621 offices. These basic traits are well documented for Michoacan. The economic aspects have been mentioned previously. The political-religious organization will presently be examined and the organization of the hospitales as they actually functioned will be sketched on the basis of eighteenth century reports,¹⁹ but also using survivals into modern times.

175 Besides the hospital proper to take care
476 of the sick, there seems to have been a building called the *guatapera* (Spanish from Tarascan) where the communal work, mainly cooking, was done to attend to the various needs of the establishment, and a chapel of the Virgin of the Conception, patroness of the hospital.

175 The cult of the Virgin and other religious
794 activities were the most important functions of the hospital. From this is derived the Tarascan name for hospital, *iu,iso* (Virgin's chapel). As Quiroga provided, a sodality (*cofradía*) attended to her cult.

175 Cofradías are societies of the faithful devoted, organized to attend to some aspect of cult or charity. They formed an important
794 part of the cult organization in Spain and were introduced into Spanish America. In one form or another they have left an imprint on modern Indian-Spanish cultures.

175 This sodality of the Virgin was the dominant
794 element of the hospital in the eighteenth century, and all others were subordinate to it. Reports from that period more often called the whole organization 'cofradía of the Virgin' than hospital. It can
575 be said that at that time hospital was not that all-embracing institution Quiroga had planned, but rather a sodality for the cult of the Virgin which also took care of the sick and had other secondary activities.

621 An important characteristic of the hospital
743 in Michoacan was its all-inclusive nature. The *cofradía* was not a restricted group of people within the community, as was the case in Spanish and a few Indian settlements, but the whole Indian village formed the brotherhood. Thus, it was really the main, although not the only, village organization to provide for religious activities.

The function of the hospital was to finance and organize the cult of the Virgin, although it also participated in other celebrations. For this purpose it depended on *cofradía* property, individual contributions from members at large and officials in particular. The officials took care of the com-

19. See discussion of sources in the Introduction.

794 mon property of the *cofradía*, collected contributions and made their own donations.
 575 Thus they financed and organized the main
 621 religious festivals of the community and
 743 attended to the upkeep of the priest and
 175 his household. The function of taking care of the sick, which can be supposed to have given the name to *hospital*, was still met in some villages but not mentioned in others, and seems to have been of relatively lesser importance. More important was attending to the proper burial of the dead and holding mass for their souls.

175 The hospital had a number of yearly
 624 elected officers. The *prioste* was the head
 743 authority. He took care of the festivals of the Virgin and prayed for the masses for the dead. Under him was the *mayordomo del hospital*, or in Tarascan, *kéni*. He shared with the *prioste* the charge of the festivals of the Virgin and as head of the *semaneros* took care of the material side of the organization. The *semaneros*, or weekly officers, were Indians from every section of the village who attended the hospital by turns weekly and attended to preparing food and taking care of the sick.

175 To care for the Virgin there were a number
 778 of female officers, sometimes young
 624 girls, other times older women; they were most commonly called *roseras* (Spanish) or *huananches* (Spanish from Tarascan), although other names were used depending on their specific duties. They took care of the image and altar of the Virgin, carried the image and banners in processions, and provided flowers, candles and incense.

175 These officers were found in most villages
 624 for which there is information.²⁰ Many
 796 differences in detail existed from town to town, mainly in the particular festival each one of these officers sponsored and in the nature of the contributions to any given festival. The officers attended to the festivals of the Virgin such as Conception, Assumption, and Candlemas, and also to weekly Saturday services followed by a procession of the image through the courtyard. They also intervened in the organization and financing of other festivals, mainly Holy Week and Christmas. The hospital officers were the main contributors for the support of the priest, and they were also in charge of collecting and taking the contributions from the rest of the village to the priest.

20. Modern data from Cherán (Beals, 1946, 133), Pichátaro (León, 1908, 425), and Jarácuaro (field notes), show another officer called *colector* as the main authority, superior to the *prioste*. He is not mentioned in older reports.

175 Besides the cargueros of the hospital
794 there were other religious officers. Sodalities
575 other than those of the hospitales with
624 funds for the cult were rare, and existed
only in very few towns. But as a rule there
were also other sponsors of festivals to
saints not connected with the hospital.
Common to all villages were several sponsors
(*capitanes*, *fiesteros*, or other names)
who organized the festival to the patron
saint, and danced as Moors and Christians.

Other cargueros also sponsored the cult
of different saints, every village having
different devotions. Minor offices were
those of sexton (*fiscal*, Spanish) and a
petáipi (Tarascan) who was second to him.
Also many villages gave personal service
to the priest for the upkeep of his household,
so that different villagers acted as
doorkeeper, groom or errand boy, and some
of the women cleaned house and cooked.

175 Financing the cult involved payment of
794 alms, fees to the Church, and the upkeep
651 of the priest and the cult (wax, ornaments,
wafers and wine, etc.) and also the expenses
involved in folk ceremonial elements such as the
dancers' costumes, banqueting, and other entertainments
like fireworks and bull fighting. Church fees
were fixed by the Bishop and were called
arancel (book of rates). They were primarily
for mass and the administration of the sacraments.
In Michoacan every village had an *arancel* of its own
called *pindeuario* (local Spanish, from Tarascan
pin-dékua, custom); besides those fees, the
contributions for the support of the priest were
mentioned. These were often in kind and were
periodical, frequently coinciding with the main
festivals. As long as the union of Church and State
lasted, these *aranceles* had also the approval of the
civil authorities.

Financing was obtained from three main
sources: the communal property of the hospital
(and other *cofradías* if any), whose produce was
destined to finance religion; individual contributions
and alms from all the villagers; and personal
contributions from the cargueros.

175 In the eighteenth century, many of the
743 hospitales had property devoted to the support
423 of their activities. Most generally this was in the
575 form of cattle pastured on the village commons.
794 One of the cargueros or a cowboy was in charge
of these cattle and received the milk as a personal
reward. In other cases, land was also owned by the
hospital and worked in common, or more often
rented. In one case the hospital

175 owned a sugar press and a flour mill.²¹
 • 743 When the village's hospital had good prop-
 423 erty, this financed not only the cult and
 575 fiesta expenses but also other duties of the
 794 hospital officers, such as caring for the sick
 and paying for masses of the dead. In addi-
 tion, the cargueros could use this same
 source of income to provide food for the
 villagers at some of the festivals.²² One
 village had a *cofradía* in order to pay the
pindecuario and another one to pay for the
 sick and for burials.²³ Some towns had
 more than one *cofradía* or *hermandad*²⁴ be-
 sides that of the Concepción of the hospital.

In villages with rich property and in
 which other expenses were met by small
 contributions from all, cult upkeep was
 not a financial burden.²⁵ However, where
 the *cofradías* had no property or not
 enough to meet expenses, upkeep of the
 cult by heavy personal contributions
 placed a financial burden on the villagers.
 In Amatlan, Indian poverty was attributed
 to heavy services for the priest, in spite of
 the fact that there were two *cofradías* with
 their own property. In Tancitaro the hos-
 pital had lost property and the Indians
 paid from their personal resources, causing
 the decline of the hospital although it was
 once very prosperous.²⁶ In the region north
 of the Sierra where haciendas were already
 important and the Indian speech was be-
 ginning to recede,²⁷ the *cofradías* of the
 hospital owned no property (*fondos*) from
 which they could meet their expenses.²⁸

175 The financial obligations of the cargos
 796 were specially onerous and sometimes led
 735 the carguero to peonage. In Tangancicuaro,
 794 the priest became "almost a slave, hiring
 himself out as a muleteer servant [*sirvi-
 ente de recua*]",²⁹ in Guarachita "very im-
 poverished and sometimes almost like a
 slave in a hacienda".³⁰ In Jiquilpan, the
 mayordomos of different saints bound
 (*cautivan*) themselves for a long time in
 order to retrieve what they had spent.³¹ On
 the other hand, in Tangamandapio and
 Taripo, a number of fiestas were no longer
 held because of the poverty of the people.³²

21. Tacámbaro (Osborn Ma.).

22. Huatamo, Cutcio (Osborn Ma.).

23. Amatlan (Osborn Ma.).

24. Apatzingán, Tacámbaro, La Guasana, Churumuro

(Osborn Ma.).

25. For instance Huatamo, Cutcio (Osborn Ma.).

26. Osborn Ma.

27. Some towns in this area, like Sahayro and Guara-
 chita, were of Nahuatl speech but their culture seems
 to have been similar to that of neighboring Tarascan
 speaking villages.

28. Estado, 1944, passim.

29. *Ibid.*, 476.

30. *Ibid.*, 480.

31. Osborn Ma.

32. Estado, 1944, 477, 478.